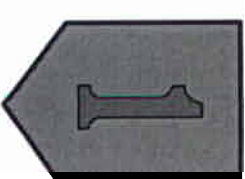




ENLISTED PERSONNEL MANAGEMENT ELECTRONIC SOP

No-Cost Move (NCM)



Eligibility Criteria:

- Must be serving in an overseas long or short tour area & have 1 year retainability (May request an exception to policy)
- Move must be within the same community or linked communities
- There can be no cost to the government
- Must not be flagged (unless command-directed)

Documentation Required:

- DA Form 4187
- Memorandum of recommendation by BDE/Sep BN Cdr or DA Form 4187-1-R
- Enlisted Records Brief (ERB), not more than 60 days old

Approval Authority:

1st PERSCOM or G-1 Enlisted Personnel Management

Disapproval Authority:

Delegated to G-1, Enlisted Personnel Management, 1ID by MACOM Commander

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)
Commander
Battalion Address

2. TO (Include ZIP Code)
Commander
1st Infantry Division
ATTN: AETV-BGA-EPM
APO AE 09036

3. FROM (Include ZIP Code)
Commander
Unit Address

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)
ANY, SOLDIER

5. GRADE OR RANK/PMOS/AOC
E-5/75H

6. SOCIAL SECURITY NUMBER
000-11-2222

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
_____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	X <input type="checkbox"/> Other (Specify) Request No-Cost Move
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. IAW AR 614-30, para 4-2, request a No-Cost Move from _____ to _____.

REASON:

2. The following information is provided:

CURRENT DEROS:

ETS DATE:

MARITAL STATUS:

REQUESTED REPORT DATE:

(NET 45 days after G-1 receipt)

3. Early Report Authorization is / is not requested.

2 Encl(s)

1. Memorandum of recommendation by BDE/Sep BN Cdr or DA Form 4187-1-R

2. Enlisted Records Brief (ERB), not more than 60 days old

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

Commander's Full Name, Rank, Commanding